

Contractor Bid Form For Collier County Owner Occupied Rehabilitation Program

Company Submitting Bid: _____

Homeowner Name: _____ Fegueroa _____

Address: _____ City & Zip Code: Immokalee _____

Phone #: _____ Project #: 24-010R _____

The work bid form defines the scope of work at this residence to be performed as defined by the COLLIER COUNTY, FLORIDA CONSTRUCTION & REHAB STANDARDS. Contractors are responsible for securing and paying for any permits required by the County to perform the work outlined in the scope below. Bids shall be submitted as soon as possible to Dottie Cook at 2449 Sanders Pines Circle, FL 34142 or at dottiecook@ruralneighborhoods.org.

Description	Estimated Cost
HVAC 1. Replace AC unit. Specify following information for type to be used. Brand _____ Size _____ tons SEER _____ (min 16)	\$ _____
Windows & Doors 1. Replace all windows with impact windows with Low-E glass. Ensure bedroom egress requirements are met. 2. Replace front and back doors with impact doors. 3. Replace screen doors on front and back.	\$ _____
Plumbing 1. Replace water heater.	\$ _____
Interior 1. Replace two ceiling fans (living room and bedroom 1) 2. Install new closet doors in bedroom 2. 3. Replace attic access in bedroom 2. 4. Replace track in bedroom 3 and rehang closet door. 5. Replace closet door in hallway. 6. Repair hinge on bathroom closet door. 7. Replace kitchen ceiling fan with light.	\$ _____
Exterior 1. Repair holes in siding.	\$ _____
TOTAL	\$ _____

Work to be performed in a workmanlike manner, in accordance with the Standard Rehabilitation Specifications, local codes and manufacturer’s specifications. The contractor shall be responsible for repairs and/or reinstallations of materials/equipment/fixtures damaged or removed due to any error or omission. Contractors shall properly dispose of all fixtures, materials and other items removed from the dwelling unless otherwise specified herein. **There must be a quoted price for each line item in the space provided or the bid will be ineligible for consideration.**

I hereby certify that I am a licensed contractor and am eligible to participate in the Collier County Owner Occupied Rehabilitation Program. I will provide copies of my company’s license, liability insurance, and proof of worker’s compensation. As necessary, I will purchase, install, replace and/or repair and deliver ALL items referenced within this bid document.

Company Name _____

Company Representative (printed) _____

Representative’s Signature _____

Mailing Address _____

Representative’s Phone Number _____

Email Address _____

Date Submitted _____ Date Accepted _____

By my signature, I certify that I have verified license, liability insurance and proof of worker’s compensation as required by our contract.

Dorothy Cook, Revitalization Manager

Date